

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

ATTORNEY'S DOCKET NO.: EGYPT SA-013

As a below-named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SID® NUCLEIC ACIDS AND POLYPEPTIDES SELECTED FROM A PATHOGENIC STRAIN OF HEPATITIS C VIRUS AND APPLICATIONS THEREOF the specification of which

☒ is attached hereto

☐ was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended on

\_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			
COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED
EP	00402225.7	August 3, 2000	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 3 HEREOF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Application Number:

Filing Date:

Application Number:

Filing Date:

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Serial Number:

Parent Filing Date:

Parent Patent No.:

U.S. Parent Application Serial Number:

Parent Filing Date:

Parent Patent No.:

PCT Parent Number:

Parent Filing Date:

LISTING OF US APPLICATIONS CONTINUED ON PAGE 3 HEREOF: ☐ YES ☒ NO

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

DIRECT ALL CORRESPONDENCE TO: Customer No. 000530

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): **Pierre LEGRAIN**

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: **Paris, France** Citizenship: **France**

Mailing Address: **5 rue Mizon, 75015 Paris, France**

Full name of second joint inventor, if any (given name, family name) **Simon WHITESIDE**

Second Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: **Paris, France** Citizenship: **France**

Mailing Address: **9 rue Gossec, 75012 Paris, France**

Full name of third joint inventor, if any (given name, family name): **Jérôme WOJCIK**

Third Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: **Paris, France** Citizenship: **France**

Mailing Address: **52-54 rue de Charonne, 75011 Paris, France**

Full name of fourth joint inventor, if any (given name, family name):

Fourth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Full name of fifth joint inventor (given name, family name):

Fifth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Full name of sixth joint inventor, if any (given name, family name):

Sixth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Full name of seventh joint inventor, if any (given name, family name):

Seventh Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Full name of eighth joint inventor, if any (given name, family name):

Eighth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

☐ Additional inventors are being named on separately numbered sheets attached hereto.